STATE OF DELAWARE

**2010**

**FORM 2001AC 0809**

**DIVISION OF REVENUE**
**820 North French St.**
**P.O. Box 8911**
**Wilm., DE 19899-8911**

# APPLICATION & COMPUTATION SCHEDULE FOR CLAIMING DELAWARE NEIGHBORHOOD ASSISTANCE TAX CREDITS

FORM 2001AC MUST BE COMPLETED AND SUBMITTED ON OR BEFORE THE LAST DAY OF THE MONTH AFTER THE END OF THE STATE'S FISCAL YEAR END DURING WHICH THE NEIGHBORHOOD ASSISTANCE PROPOSAL WAS APPROVED.

**PART A -- NAME AND ADDRESS OF APPLICANT**

**Tax Period Ending Date:** _____ / _____ /_____
( MM / DD / YY )

**1. Enter Federal Employer Identification Number** **OR** **2. Enter Social Security Number**

1 --- ☐ ☐ --- ☐ ☐ ☐ ☐ ☐ ☐ ☐ 2 --- ☐ ☐ ☐ --- ☐ ☐ --- ☐ ☐ ☐ ☐

**2. Name of Applicant**

**3. Address**

**4. Delaware Address (if different from above)**

**5. Contact Person** **Telephone Number** **Fax Number** **E-mail Address**

**PART B – DELAWARE NEIGHBORHOOD ASSISTANCE TAX CREDIT COMPUTATION**

**1.** Amount of investment in offering neighborhood assistance and providing job training, education, crime prevention and community services to neighborhood organizations. (Attach copy of the approved applicant proposal) $ _____

**2.** Multiply Line 1 by 50% **.50**

**3.** Delaware Neighborhood Assistance Tax Credit before limitation $ _____

**4.** Maximum amount of credit $ **100,000**

**5.** **Delaware Neighborhood Assistance Tax Credit.** Enter the smaller of Line 3 or Line 4. $ _____

**STOP: Enter the amount from Line 5 on Form 700, Delaware Income Tax Credit Schedule, Line 28(a).**

THE TOTAL AMOUNT OF CREDITS APPROVED BY THE HOUSING DIRECTOR WITH RESPECT TO ALL APPLICANTS FOR THE DELAWARE NEIGHBORHOOD TAX CREDITS SHALL NOT EXCEED $500,000 IN ANY FISCAL YEAR. CREDITS WILL BE AWARDED IN CHRONOLOGICAL ORDER BASED UPON THE DATE AND TIME EACH CONTRIBUTION IS APPROVED BY THE DELAWARE STATE HOUSING AUTHORITY. IF A CREDIT AWARD RESULTS IN EXCEEDING THE $500,000 LIMITATION FOR THE FISCAL YEAR IN WHICH IT IS AWARDED, THE AMOUNT BY WHICH SUCH CREDIT AWARD EXCEEDS $500,000 SHALL CARRY OVER TO THE SUCCEEDING FISCAL YEAR AND SHALL RECEIVE PRIORITY FOR THAT YEAR.

_____ _____ _____
***DELAWARE STATE HOUSING AUTHORITY*** ***TITLE*** ***DATE***

(Revised 12/09/10)

## GENERAL INSTRUCTIONS FOR COMPLETION OF FORM 2001AC 0809

Neighborhood Assistance Tax Credits are available to qualified entities that invest in organizations or programs benefiting impoverished areas and/or low-to-moderate income families in Delaware. A qualified entity consists of an individual, S Corporation, C Corporation, Limited Liability Company (LLC), Partnership – one lawful in Delaware, including Limited Liability Partnerships – and any trust or estate can claim Neighborhood Assistance Tax Credits. These credits can be claimed for investments in housing or economic programs (e.g., neighborhood associations, community development corporations or organizations) or in services such as job training, crime prevention or education to individuals other than those employed by the investing firm.

To claim Neighborhood Assistance Act Tax Credits, entities must first receive approval (in the form of a letter) from the Director of the Delaware State Housing Authority. Applicants then send this letter along with a completed Delaware Form 2001AC to the Delaware Division of Revenue for tax credit approval. Once tax credit approval is granted, the tax credit amount is then transferred to Delaware Form 700. To receive the tax credit, Form 700 and Form 2001AC must be attached to each applicable income tax return, along with a copy of Delaware State Housing Authority's approval letter.

For specific questions, contact Steve Seidel, Delaware Division of Revenue, 820 N. French Street, Wilmington, DE 19801, 302-577-8455 or stephen.seidel@state.de.us.

---

## SPECIFIC INSTRUCTIONS

### PART A - NAME AND ADDRESS OF APPLICANT

**Line 1.** Enter the Federal Employer Identification Number of the corporation or Social Security Number of the individual applying for the credit and the tax year ending date in which the credit is being claimed.

**Line 2.** Enter the name of the corporation or individual claiming the credit.

**Line 3.** Enter the address of the corporation or individual claiming the credit.

**Line 4.** Enter the Delaware address of the corporation or individual claiming the credit, if different from Line 3.

**Line 5.** Enter the name of the person responsible for completing Form 2001AC. Also include the telephone number, fax number and e-mail address of the person.

### PART B - COMPUTATION OF THE DELAWARE NEIGHBORHOOD ASSISTANCE TAX CREDIT

**Line 1.** Enter the amount of investment previously approved by the Director of the Delaware State Housing Authority in offering neighborhood assistance or providing job training, education, crime prevention and community services to neighborhood organizations.

**Line 2.** Multiply Line 1 by 50%.

**Line 3.** Multiply Line 1 by Line 2. This is your tentative Delaware Neighborhood Assistance Tax Credit before credit limitation adjustment.

**Line 4.** Maximum amount of credit.

**Line 5. This your Delaware Neighborhood Assistance Tax Credit.** Enter the smaller of Line 3 or Line 4.

**STOP: Enter the amount from Line 5 on Form 700, Delaware Income Tax Credit Schedule, Line 28(a).**

---

THE TOTAL AMOUNT OF CREDITS APPROVED BY THE HOUSING DIRECTOR WITH RESPECT TO ALL APPLICANTS FOR THE DELAWARE NEIGHBORHOOD TAX CREDITS SHALL NOT EXCEED $500,000 IN ANY FISCAL YEAR. CREDITS WILL BE AWARDED IN CHRONOLOGICAL ORDER BASED UPON THE DATE AND TIME EACH CONTRIBUTION IS APPROVED BY THE DELAWARE STATE HOUSING AUTHORITY. IF A CREDIT AWARD RESULTS IN EXCEEDING THE $500,000 LIMITATION FOR THE FISCAL YEAR IN WHICH IT IS AWARDED, THE AMOUNT BY WHICH SUCH CREDIT AWARD EXCEEDS $500,000 SHALL CARRY OVER TO THE SUCCEEDING FISCAL YEAR AND SHALL RECEIVE PRIORITY FOR THAT YEAR.